

**CITY OF FORT LAUDERDALE
PUBLIC SERVICES DEPARTMENT
300 N.W. 1 AVENUE (828-5048/5123)
FORT LAUDERDALE, FLORIDA 33301**

APPLICATION FOR SERVICE

Date of Application _____

New Service Number _____

I hereby authorize the City of Fort Lauderdale to install/test _____

At a fee of _____

Job Location: Name: _____

Address: _____

City, State, Zip Code: _____

Lot: _____ Block: _____

**Monthly
Billing Address:** Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

Check Issued by: Name: _____

Address: _____

City, State, Zip Code: _____

Telephone No.: _____ Check No.: _____

Comments, Remarks, Special Instructions: (provide fax number for sending flow test results)

Authorized Signature: _____

Print Name and Title: _____

Building Permit No.: _____

Date of Issuance: _____

Plumbing Permit No.: _____

Date of Issuance: _____

Application Approved: _____
(City Staff Approval)

Title: _____

* Contact Susan Thomas at (954) 828-7882 to obtain faxed copy of flow test results (after 10 bus. days).